ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

of the

School Medical Officer

for the

Year ending 31st December, 1935.

LITTLEPORT, ISLE OF ELY.
G. T. WATSON (LATE BARBER), PRINTER, VICTORIA STREET.
1936.

With the Compliments of the County and School Medical Officer for the Isle of Ely.

Public Health Department,
County Hall,
March, Cambs.

ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

of the

School Medical Officer

for the

Year ending 31st December, 1935.

Littleport, Isle of Ely.
G. T. Watson (late Barber), Printer, Victoria Street.
1936.

To the Chairman and Members of the Isle of Ely Education Committee.

Mr. CHAIRMAN, LADIES and GENTLEMEN,

I present to you the Annual Report on the work of the School Medical Service for the year 1935.

Dr. French left the County on March 31st, 1935, on appointment to a similar post in Cambridgeshire, and I succeeded him as your School Medical Officer. I shall always be grateful for the encouragement and help which my predecessor gave me during my period of service as his assistant.

The work of the School Medical Service is of deep interest to me, and I shall consider it a pleasurable duty to endeavour to foster its progress and efficiency.

When one considers that the School Medical Service touches the life of practically every individual in the community and that no other branch of the public health service can claim to do so, one realises that its work is of enormous significance. If one adds to this the fact that it touches the lives of the members of the community at the stage of growth and adaptation, its paramount importance is apparent. This is work worth doing and worth doing well. A good school medical service is a good investment in every sense of the word.

Much of the actual inspection work and treatment falls upon the Assistant School Medical Officer and the School Dentist. To both these gentlemen I wish to tender my sincere thanks.

I wish also to express my gratefulness to the members of the staff of the Public Health Department and the Education Department for much valuable assistance in compiling this Report.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

THOS. C. LONIE,

School Medical Officer.

Staff.

School Medical Officer.

ROBERT FRENCH, B.A., M.D., D.P.H. (Resigned 31st March, 1935).

Assistant School Medical Officer.

T. C. Lonie, M.B., Ch.B., D.P.H.
(Appointed School Medical Officer 1st April, 1935).

W. D. T. Brunyate, M.A., M.D., D.P.H. (Appointed 23rd April, 1935).

School Dental Surgeon.

L. F. Kelly, L.D.S. (Resigned 31st August, 1935).

J. R. Toller, L.D.S. (Appointed 1st September, 1935).

School Nurses (whole-time).

Miss H. N. Lawrence, Littleport. (Resigned 8th July, 1935).
Miss E. Lloyd. (Appointed 15th October, 1935).
Mrs. M. Meacham, Littleport.
Miss H. L. Morris, Ely.
Miss A. Mort, Chatteris.
Mrs. M. E. Rose, Whittlesey.
Miss E. T. Taylor, Wisbech.
Miss B. Whitaker, Wisbech.

Dental Assistant.

Miss A. Coles.

Nurses employed by District Nursing Associations (part-time)

Chatteris
Doddington
Gorefield
Haddenham
Little Downham
Manea
March
Outwell
Prickwillow
Stretham
Sutton

Clerical Staff.

H. A. House (Chief Clerk).

A. Anness. F. Ritchie.

Annual Report.

STAFF.

The School Medical Service of the Isle of Ely had the following Staff during the year under review :—

(*a*) A School Medical Officer, holding also the posts of County Medical Officer of Health and administrative Tuberculosis Officer.

(*b*) An Assistant School Medical Officer, acting when required as Assistant County Medical Officer of Health and Clinical Tuberculosis Officer.

(*c*) A School Dentist.

(*d*) Seven whole-time Nurses, also acting as Health Visitors and Tuberculosis Nurses.

(*e*) A Lady Dental Assistant in place of the Trained Nurse formerly engaged in assisting the School Dentist.

(*f*) At the end of the year their were eleven part-time Nurses, all employed by District Nursing Associations.

(*g*) Three Clerks, the whole-time of one only, Mr. Ritchie, being devoted to School matters.

The number of Elementary School Departments in the County, *i.e.*, with a Head Teacher in charge, is 85, the number of separate school buildings being 77.

The average weekly attendance of children at these schools during 1935 totalled 10,445, the average number on the roll throughout the year being 11,880.

CO-ORDINATION.

Co-ordination of the work of the School Medical Services with the other branches of Public Health activities (Maternity and Child Welfare, Mental Deficiency and Tuberculosis), as well as with the administrative officers of the Education Department, has been maintained as in previous years.

SCHOOL HYGIENE.

During the year defects in the hygiene of schools have been brought to the notice of the Committee in the form of reports from the Medical Officers who examine the arrangements in these schools at the time of medical inspection. The council schools are, on the whole, in satisfactory condition, and sanitary and hygienic defects in these schools are regularly dealt with. It is difficult, however, to secure adequate attention for the non-provided schools and the hygienic condition of many of these leaves much to be desired. It may be said that the influence of good conditions in a school is at once evident in the pupils attending it. There is a general air of cleanliness and smartness which is in marked contrast to the slovenliness and untidiness which is only too evident in those attending unsatisfactory schools. Cleanliness in the school itself begets cleanliness in those working in it.

MEDICAL INSPECTION.

The children inspected during the year have been :—

(1) Entrants.

(2) Intermediates—All children attaining their ninth year during the calendar year.

(3) Leavers—All children attaining their twelfth year during the calendar year.

(4) Specials—Children specially referred by parents and teachers.

(5) Re-inspections—All children found to have defects at the previous examination.

The arrangements for the holding of the medical inspections and re-inspections are unchanged.

TWENTY-FIVE YEARS OF SCHOOL MEDICAL INSPECTION.

It is interesting and instructive to consider the progress made in the School Medical Service and in the physical condition of school children in the Isle of Ely in the last twenty-five years.

The first School Medical Officer was appointed in 1908 and the first routine inspection of school children was carried out thereafter. The work was then limited entirely to inspection, and there were no school nurses, no clinics, and no arrangements made by the Education Authority for the treatment of the defects found. We have now a full staff of school nurses, clinics for the treatment of minor ailments and defective vision in the three chief centres, a dental service now happily being extended, and arrangements for the treatment of throat and nose defects, orthopædic cases, &c., through local Hospitals.

There was no inspection of secondary schools.

The conditions under which the School Medical Inspection was carried on were much more difficult in the early days. For the first few years, at least, schools were only reached by bicycle or by train. This was, no doubt, much cheaper than travelling by car, but made the work much more difficult and, of course, limited the time spent in the schools. Sometimes inspection was not started till 11 a.m., "while," as an early Report says "on another day only sixteen or twenty children have to be inspected, and the only available train may give me five hours on a wet day to spend in the village." No doubt travelling expenses have increased, but surely this must be cheaper than the waste of an Officer's valuable time which must have occurred in the past.

There is an interesting commentary on the present proposal to raise the school leaving age to 15, in the statement that in 1910 "many children leave school at 12 years on passing the Labour examination, and the majority appear to leave at, or very soon after, their 13th birthday."

Children in the years before the War were apparently not so clean as they are in these days. The 1910 Report notes that on the first or second inspection in many Girls' Schools 50—60% of the girls were found to have lice or nits in the hair. Fortunately, partly owing to a more quickened conscience in the matter of cleanliness and partly owing to the change in fashion from long to short hair, a dirty head is now uncommon and, in most cases, denotes marked neglect. The usual diseases and disabilities were found in the first inspections, but unfortunately the lack of facilities for treatment militated against accurate records, and there is evidence that in the case of some defects, only the very worst cases were noted as requiring attention. An instance of this occurs in the statement that in some cases of defective vision treatment was not urged as there would have been little possibility of its being obtained.

There is a suggestion that conditions have improved in the statement that twelve children were excluded from school, in seven cases permanently, for pulmonary tuberculosis during the year, and the opinion is given that this is an understatement of the existence of the disease. In 1935 only three cases of "suspected" pulmonary tuberculosis were found. This is about the usual figure now-a-days, and it frequently happens that the "suspected" diagnosis is not confirmed.

Seventy-one cases of ringworm were noted in the year 1910, but now-a-days ringworm is a rarity. No cases were found at routine examination in 1935. This is a measure of improved personal hygiene.

There is, however, one way in particular in which one may estimate the well-being of school children, and that is by their nutritional condition. If it be granted that height and weight, and in particular the latter, are a rough index of general nutrition a comparison of figures of weight and height of school children in this county in 1910 and at the present day will be of interest. In 1910 statistics of weight and height were collected to be used in an investigation, covering the whole country, by Drs. Tuxford and Glegg. In 1933 a special investigation was again made in this county and a comparison is interesting. Taking the case of boys it is found that, on the average, the Isle boys were, in 1910, slightly taller than those either in county areas or in England generally at the time. In weight the findings are similar. The 1910 boy, however, compares badly with the boy of 1933. With the exception of the figure for one age (probably experimental error), the latter is appreciably taller than his brother of 1910. The contrast in weight is even more marked, the difference in the figures ranging from a pound-and-a-half at 5½ years to 6½ lbs. at the age of 11½ and no less than 11 lbs. at the age of 13½; all in favour of the 1933 children. In girls the findings are similar. The conclusions we may reach, therefore, are these. It would appear that, even in 1910, the school children in the Isle of Ely compared favourably with those in other parts of the country. Much more important, however, is the fact that the Isle children in 1933 are, on the average, considerably taller and heavier than those of the same age in 1910. It is a reasonable assumption, and one borne out by experience, that this improvement is part of an improved general health. One may further claim that, in bringing it about, no small credit is due to the work of the School Medical Service, which has not only stimulated a health consciousness in the community, but has also, through the various schemes of treatment provided, made possible the cure or amelioration of many of the ailments from which children suffer.

	BOYS									GIRLS.								
Age in years.	5½	6½	7½	8½	9½	10½	11½	12½	13½	5½	6½	7½	8½	9½	10½	11½	12½	13½
Height in inches.																		
1910.	41·3	..	46·5	47	..	51·8	52·9	..	60·2	41	..	45·9	46·5	..	52	52·7	..	58·8
1933.	42·70	44·65	46·94	49·24	51·25	52·80	54·89	57 09	58·81	42.13	44·93	47.16	48·90	50·99	53·02	55·35	57·90	59·40
Weight in lbs.																		
1910.	40·7	..	48·3	52	..	63·9	67·5	..	79·7	39·1	..	47·1	50	..	61·4	65·2	..	84·2
1933.	42·29	46·58	50 68	56·78	62·40	66·68	74·06	83·13	91·25	40·10	45·96	50·50	51·03	60·31	66·56	75·06	85·93	92·07

FINDINGS OF MEDICAL INSPECTIONS.

Review of the Facts Disclosed.

(*a*) *Malnutrition.*

This condition was found in 228 children at routine examinations, 145 boys and 83 girls. This gives a percentage of 6·49 as against 8·07 last year.

The percentages in the various age groups are shewn in the following table.

	Boys.	Girls.	Total.	Percentage of age group.		
				1935	1934	1933
Entrants	43	39	82	6·45	6·99	7·11
Intermediates	54	23	77	6·19	10·33	8·07
Leavers	48	21	69	6·93	6·88	4·28
Totals ..	145	83	228	6·49	8·07	6·02

A study of the above table reveals some points of interest. In each group more boys than girls have been noted as being malnourished. The previous year's figures showed a similar state of affairs. The total percentage of malnutrition noted is slightly above that for 1933 and 1932 but below the 1934 figure.

The question of malnutrition may be considered also from the point of view of the table reproduced on page 33 and prepared in accordance with the instructions of the Board of Education.

In parenthesis it may be said that this table would in my opinion be of greater value if it were constructed to show the sexes separately. I am arranging for this to be done during the present year in this area.

The difficulty in this table is undoubtedly in the evaluation of Column C., that is, in the figures for slightly subnormal nutrition. What is to be our attitude to these children, because although the malnutrition may be slight it may be prolonged? If it be prolonged, is it serious? Are the slightly subnormal children the individuals who in adult life will form the ailing and weakly members of the community? And if this is so, have we any reliable means by which we may prevent the development of the condition? When does it arise, in school life, in infancy, or are there bad influences at work even in prenatal life? Much of it seems certainly to have developed before the child goes to school, but probably this is by no means always true. In any event the problem deserves attention since it would appear that something like 20% of the children inspected are below the normal standard of nutrition. It seems a pity that when so much money is being spent on material things, a little might not be diverted to elucidating some of the above problems on a national scale. The average medical officer finds his days already too well filled with routine duties to be able to spare the time which such research demands.

(*b*) *Uncleanliness.*

A verminous condition of the head was found in 2·32% of boys and 8 32 of girls in the course of routine examination. While this is a slight decrease on the 1934 figures (2·76% and 10·08% respectively) and while as indicated above, it is a great improvement on the early days it is still by no means a figure which we ought to regard with complacency. It is rather disgusting to have to admit that more than eight out of every hundred girls in these presumably enlightened days are verminous. The fault of course lies not with the children but with their parents, whose ignorance and indifference in this matter is appalling. One still meets the parent who, when vermin are detected in the child's hair, will assure the Doctor that "she breeds them." It is also remarkable how indignant the constant offender becomes when the suggestion that her child may have been infected by someone else in the class is doubted! Fortunately the vast majority of children in the schools are clean, and it is certainly unfair to them and to the schools as a whole that the chronic offender should be tolerated. It is always possible to take legal proceedings in bad cases, and distasteful though this may be to all concerned it will probably be necessary from time to time to prosecute those occasional cases, who are persistently verminous and where there is no effort made to remedy matters.

(*c*) *Minor Ailments and Diseases of the Skin.*

The numbers of these found at routine inspection vary but little from year to year and are almost negligible. It should be remembered, however, that these conditions are dealt with at the school clinics and the chance of the existence of a case in a given school at the actual time of medical inspection is small.

(d) *Visual Defects and External Eye Disease.*

151 cases of defective vision were found during the year including 6 found at special examinations, and 262 at re examination. This total represents a decrease of 11 as compared with the number found in the previous year.

At routine examination 183 cases were found as compared with 290 last year, percentages of 5·2 and 7·0 respectively.

There were 103 cases of squint as against 124. The percentage, however, is practically the same.

35 cases of blepharitis and 2 of conjunctivitis were noted at routine examination.

There is upon occasion some little difficulty in persuading parents of the necessity of treatment for defective vision. This appears to be due in these cases to a lack of appreciation of the handicap of bad eyesight, while unfortunately a few parents seem to be more concerned with the aesthetic objections to the wearing of glasses, than with the physical benefits to be derived. With regard to the question of squint it is frequently not realised that in default of early and continuous treatment, the squinting eye may and frequently does, become blind.

(e) *Nose and Throat Defects.*

631 cases of chronic tonsillitis only were discovered at routine examination, as against 638 last year, a percentage of 17·97 for 1935 as against 15·42 last year. At special and re-examinations the figures were 606 and 674 respectively.

Cases of adenoids with or without chronic tonsillitis numbered 58 at routine examination and 48 at re-inspection.

Of all the above cases, numbering 1343, occurring this year 278 were noted as requiring treatment. This is a percentage of 20·70.

203 other abnormal conditions of the throat and nose were noted at routine examination of which 33 were recommended for treatment.

(f) *Ear Disease and Defective Hearing.*

Nine cases of otitis media were found at routine examination, and 13 at re-inspection. This is considerably less than last year. 34 cases of defective hearing were discovered at routine examination, and 19 at special and re-examinations, a total of 53.

A total of 13 cases of other ear disease were found as against 18 last year.

The question of defective hearing is a matter of some interest. It is due to wax in some cases, and in an appreciable proportion to old middle ear disease. A "running ear" is often viewed with comparative equanimity and there seems to be in this as in other diseases, great faith in the magic age of 7 as being likely to see a cure of the condition with or without treatment. Unfortunately the age of 7 is often passed without good result, and 14 then becomes the appropriate milestone! The trouble of course lies in the fact that otorrhoea requires for its cure constant and skilled attention over a considerable period and unfortunately this is seldom obtained.

(*g*) *Dental Defects.*

A total of 1653 children were found to have more than five carious teeth as against 1702 last year. This is inclusive of re-inspections. Similarly 694 children had less than five carious teeth as against 807 last year. There is ample evidence in these figures of the inadequacy of the present dental service, but the appointment of an additional dentist will do much to relieve the position.

(*h*) *Orthopaedic and Postural Defects*

Only five cases of simple spinal curvature were found at routine examination during the year, and all of these occurred in girls.

There were 2 cases of deformity due to rickets, and 97 cases of "other deformity," a decrease of 13 on the previous year. The percentage of "other deformity" was, however, practically the same in both years.

(*i*) *Heart Disease and Rheumatism.*

53 cases of organic heart disease were found at routine inspection, the ratio to cases examined being much the same as usual. Three of the number were recommended for treatment and the remainder for observation. The incidence of heart disease in this area would appear to be much below the average for England and Wales. This is in accordance with clinical observation.

Thirty cases of heart disease were noted at re-inspection and four were referred for treatment.

(*j*) *Tuberculosis.*

Only three cases of suspected pulmonary tuberculosis were discovered at routine examinations. One case of tubercular glands, and one case of tubercular hip were also discovered.

(*k*) *Other Defects and Diseases.*

These include the same categories as in previous years. At routine inspection 668 children were found to have non-tuberculous enlargement of cervical glands, 5 were found at special examination and 617 at re-inspection.

The causes of these enlarged glands are various, but probably the prime cause in most cases is decayed and septic teeth. The absorption from these is a potent cause both of direct enlargement of glands and of enlargement of glands which is the result of inability of the tonsils to cope with the increased work thrown upon them.

In this connexion it would appear to be extremely desirable that the decayed or septic teeth should be dealt with before a child is submitted to tonsillectomy. The extension of the dental service will render it easier for doctors to insist on this most desirable preliminary treatment.

Thirty four cases of bronchitis were found at routine and several at re-inspection. This number is considerably less than last year.

FOLLOWING UP.

It is the usual practice in most areas for the Doctor to re-visit the school some six weeks to two months after routine inspection in order to see again those children in whom defects have been noted. If treatment is still required but has not been obtained the opportunity is taken of impressing on the parent the importance of having something done. It has not been found possible in this area to carry out such re-inspections, and there is no possibility of the scheme being introduced with our present staff. Children with defects are of course seen by the school doctor at his next visit but there is an interval of a year between these inspections.

The present method is as follows. Following medical inspection, notices are sent to the parents of those children requiring treatment. After an interval of one month the homes of these children are visited by the Health Visitors and Nurses who enquire as to any action taken. If nothing has been done the opportunity is taken of further impressing the parent with the necessity of treatment. Two such further visits are paid at intervals of approximately one month each. On these visits arrangements can be made for free treatment if necessary, or any other difficulties can be referred to the School Medical Officer. On the whole this system, in so far as it affects children actually requiring treatment, works well. There are however a very large number of children whose defects require to be kept under observation before specific treatment is recommended. This observation can only be carried out by the school doctor, and since as indicated above it takes place only once a year, it loses a great deal of its value.

The appended table summarises the work of the School Nurses during the year:—

School visits for medical inspection	School visits for verminous inspection.	Number of children examined re cleanliness.	Number of individual unclean cases found in 1935.	Home visits re school children	School clinics attended by nurses.
193	436	31,799	807	6,760	691

ARRANGEMENTS FOR TREATMENT.

School Clinics continue in operation at Ely, March and Wisbech. These Clinics are useful centres for the treatment of minor ailments, and for the holding of Clinics at which cases of defective vision may be examined and glasses provided where necessary. It is to be regretted that at present Whittlesey, Chatteris, and Littleport have no clinics with the result that much inconvenience is caused by cases either having no treatment for minor ailments such as impetigo, sores, &c., or in cases of defective vision, having to travel to one of the other clinics at great inconvenience and at the cost of rail or 'bus fares which in some cases form no inconsiderable item. It is hoped that it may be possible in the proposed new schools at Chatteris, Whittlesey and Littleport to provide a room which can be used as a clinic. This would be a very great boon, and at slight cost would greatly enhance the value of the present medical work.

The following table summarises the work of the School Clinics at Ely, March and Wisbech during the year.

1935	Ringworm		Impetigo		Other Skin Diseases		Other Conditions	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
January..	2	9	29	116	8	22	50	95
February	2	5	31	116	10	25	53	129
March	..	..	23	69	13	40	95	220
April	2	2	19	41	9	27	74	176
May	1	3	23	86	23	52	63	164
June	1	1	15	19	12	23	44	82
July	..	..	12	51	10	21	51	107
August	..	..	13	32	18	45	45	107
September	..	..	17	89	10	15	24	73
October	..	..	42	198	9	27	72	175
November	2	11	45	157	12	33	75	221
December	..	..	16	47	3	7	59	128
		31		1051		337		1680

(a) *Malnutrition.*

The treatment of much of the malnutrition one sees in an area of this sort is not always a matter of providing extra nourishment in the form of cod liver oil and malt, or milk. It is in fact in most cases a much wider problem involving a close and individual study which it is not always possible to give in the time at one's disposal in school or clinic. It is, however, often within the medical officers's power to do much in a comparatively short time if he is able, not only to see the child, but to see the parent. The latter may be able to supply details of the child's habits and health history which are important, and it may be possible in conversation to make suggestions as to diet and management, which may be of great value.

However this may be, it is found in practice that many, if not all, cases of malnutrition are benefited by cod liver oil with or without malt, or by the giving of fresh milk. It is probably the presence in these articles of vitamins or of some other unknown vital factors, rather than the fats, carbohydrates or protein, which they contain, which causes the improvement which we see following their administration. The provision of milk in Schools has, during the past year, increased greatly under the new scheme whereby ⅓ of a pint is supplied daily at a cost of ½d. The details of this scheme so far as it concerns this County will receive notice later in this Report, while no doubt the next few years will produce detailed evidence as to any influence which it may have upon malnutrition and the incidence of disease.

(*b*) *Uncleanliness.*

No change has been made in the arrangements for following up cases of uncleanliness during the year, and sufficient has already been said on this subject earlier in the Report.

(*c*) *Minor Ailments and Skin Diseases.*

Three cases of ringworm of the head, and three of ringworm of the body were treated during the year. Three cases of scabies were treated. These latter occurred in one family and were treated by the School Nurse who visited them in their home.

Two cases of impetigo were treated during the year. 87 cases of other skin diseases were treated during the year, 346 cases of minor injuries, bruises, sores, &c., were treated during the year, a slight increase on the figures for 1934.

(*d*) *Visual Defects and External Eye Disease.*

The arrangements for treatment of defective vision have remained unchanged. 324 cases were seen and refracted at the school clinics and glasses prescribed in 256 cases. A few cases were referred to Addenbrooke's Hospital for a further opinion.

The number of cases dealt with other than under the authority's scheme was 14 including 4 cases of a lesion other than defective vision.

242 children received spectacles under the authority's scheme, contributions being received from parents to the amount of £93 4s. 2d.

Free spectacles were supplied in 73 cases.

49 cases of external eye disease were treated at Clinics during the year.

(*e*) *Nose and Throat Defects.*

This chiefly affects the operative treatment of tonsils and adenoids. 37 children were treated under the authority's scheme and 28 otherwise, a total of 65 cases as against 68 last year.

(*f*) *Ear Disease and Defective Hearing.*

A total of 38 cases received treatment at the clinics for these conditions. This is a considerable decrease on last year's figure of 60 such cases.

(*g*) *Dental Defects.*

The details of the work done by this service during the last five years is shown below.

Year	Number Inspected	Referred for Treatment	Number accepting Treatment	Attendances of Children for Treatment.	Teeth Extracted	Teeth Filled
1931	4530	3865	1193	2126	2361	1213
1932	4531	3655	1673	2573	3798	1306
1933	4722	3817	1169	2229	3489	752
1934	3938	2883	1670	2869	3597	760
1935	**3507**	**3075**	**1178**	**2594**	**3707**	**1235**

I need not dilate on the need for an extension of this service since the Council have now decided to appoint a second dentist. I trust that this will result in a much more efficient service. While retaining the dental van for work in the villages it will now be possible to have fixed clinics in March and Wisbech, while it will be possible by means of a portable chair to serve adequately the demands of Ely, and when suitable accommodation can be secured, Whittlesey, Chatteris and possibly Littleport. I consider this extension of the dental service a great and necessary advance in the school medical service.

The cost of maintenance of the dental van is shown below.

	1931			1932			1933			1934			1935		
	£	s	d	£	s	d	£	s	d	£	s	d	£	s	d
Licence	34	18	8 ..	32	0	0 ..	35	0	0 ..	35	0	0 ..	35	0	0
Insurance ..		6	4 ..	19	4	8 ..	10	1	11 ..	10	1	11 ..	10	1	11
Storage and Cleaning ..	12	8	4 ..	21	5	0 ..	31	13	7 ..	18	17	8 ..	6	1	5
Repairs	35	1	10 ..	6	7	6 ..	13	12	4 ..	91	13	5 ..	24	3	5
Petrol and Oil ..	26	16	6 ..	26	0	3 ..	36	14	8 ..	27	17	10 ..	22	5	3
Miscellaneous ..		—	..	9	6	6 ..		—	..		—			—	
	£109	11	8	£114	3	11	£127	2	6	£183	10	10	£97	12	0

The charge of 1/- per complete treatment, except in necessitous cases has been maintained during the year, and £74 9s. 0d. was received from this source during the year. The amounts for previous years are

1934	£78 19 0
1933	£55 7 0
1932	£78 9 0

(h) *Orthopaedic and Postural Defects.*

The arrangements whereby children in the area attend orthopaedic clinics in Wisbech, Ely and Peterborough continues. The Wisbech Clinic is under the control of the Wisbech Hospital authorities, the Ely Clinic is run by the British Red Cross Society, while the Clinic at Peterborough Memorial Hospital is held in connection with the Manfield Orthopaedic Hospital, Northampton. These Clinics can, and do deal with the more marked forms of defect, but there is need for facilities for carrying out a great deal of preventive treatment of the less spectacular but much more common postural and minor orthopaedic defects, which may directly or indirectly be detrimental to the child not only in the period of growth but in after life. At the present time there are many cases of such defects as flat chest, slight curvature of the spine, flat foot, &c., which never receive the care and attention which they require. Whether it will be economically possible to remedy this state of affairs in the future it is not at present possible to say. Here as in so many other matters the manner in which the population is distributed is the great stumbling block.

(i) *Heart Disease and Rheumatism.*

As indicated previously these defects are comparatively rare in this area, and no special arrangements for their treatment have been found to be necessary.

(j) *Tuberculosis.*

Children suspected of tuberculosis, continue to be referred to the Clinical Tuberculosis Officer. 97 children attended the dispensaries for the first time during the year.

18 children received either hospital or sanatorium treatment during the year.

INFECTIOUS DISEASES.

Diphtheria, while occurring spasmodically during the year, was nowhere a source of great anxiety.

The immunisation campaign in March was resumed early in the present year as it was found impossible for a number of reasons to carry out the work in 1935. About 30% of the new entrants accepted the immunisation offered which consisted of two injections of Toxoid Antitoxin Floccules at an interval of one month.

No Schick testing was undertaken.

The reasons for adopting the methods used were fully discussed by my predecessor in his Report last year, and with his views of the matter I am in general accord.

Scarlet fever was epidemic in Wisbech toward the end of 1935, and taxed to the utmost the facilities available at the Wisbech Isolation Hospital, in which additional temporary accommodation had to be provided. The disease, however, was generally mild in character. During the course of the epidemic frequent visits were made to schools in the area with a view to excluding any suspected cases.

During 1935, certificates under Article 23(b) of the code were issued in respect of the closure of 2 schools.

No school was closed by or at the instance of the Local Sanitary Authority.

The following is a summary of the notifications received from head teachers during the year and the number of schools concerned.

Schools concerned	Scarlet fever	Diphtheria	Whooping cough	Chicken pox	Measles	German measles	Mumps	Ringworm	Impetigo	Influenza	Total
67	177	11	188	203	146	5	80	17	6	20	920

OPEN AIR EDUCATION.

There are no arrangements under this head in the Isle of Ely which can usefully form a subject for comment.

PHYSICAL TRAINING.

During the year the Organisers of Physical Training have continued the work of demonstrating methods of work to the Teachers. They have very kindly given me an account of their work, which is presented herewith, and which is worthy of most careful study.

REPORT ON PHYSICAL TRAINING IN THE ISLE OF ELY.

The post-war years have seen a great change in the interpretation in schools of the term "physical training," under which are now included systematic physical exercises, games and athletics, swimming, dancing, and all physical activities which help to produce a sound, healthy constitution. A break has been made from the set and rigid exercises of the past and a wider, more varied, interesting and invigorating scheme has been developed on the foundation of the natural activities of children. It is essential that if each individual is to live life to the full, he must develop all his powers to their natural capacity; he must be physically and mentally in harmony. With the realisation of its training potentialities, both physical and mental, physical education is gradually achieving greater prominence and taking its rightful place as an integral part of the school curriculum. The tendency to regard it as an isolated school subject, or worse, to look upon it as a mere benevolent extra, is fast disappearing. This change of view may be regarded as of paramount importance, but if the ardent effects and influences are to be felt in the schools it must be supplemented by practical considerations, *viz.:*—

1.—Regularity of Training.

Physical Education depends for its effectiveness on regularity of training and, wherever possible, the principle of inclusion within the timetable of a daily period of organised activity for each class is now generally accepted. The value of this cannot be over-emphasized in counteracting tendencies towards bad carriage, fatigue and shallow breathing, caused by long periods of sitting in desks.

2.—Further Training of Teachers.

The appointment of local Organisers of Physical Education, whose services are shared with the Education Authorities of Cambridgeshire and Cambridge Borough, followed soon after the publication, by the Board of Education, of a revised official syllabus of Physical Training for Schools in 1933. This syllabus, whilst following the main lines of its predecessor, called for the practice in the schools of a scheme which had been framed on the experience, research and experiment of the preceding thirteen or fourteen years and gave the stimulus for a marked advance. "A syllabus lives or dies through its interpretation." Before the appointment of Organisers there had been little or no opportunity, locally, for the teachers to see the recent developments in the theory and practice of physical education, and those teachers who had not had recent college training found considerable difficulty in interpreting the new methods satisfactorily. One of the first steps, therefore, was to organise practical courses, based on the Board of Education, 1933, Syllabus. The County was divided into three districts, with March, Ely and Wisbech as centres, and a Teachers' course has been established at each centre in turn. If the full effects of Physical Education are to be achieved, the interest and co-operation of every teacher is required at all times and it is essential that every teacher shall have a knowledge of the precepts and methods involved. To this end all the schools in each district in turn were closed for ten sessions (two afternoons per week for five weeks) so that all teachers could attend. Except for a small number of teachers who, on account of age or disability, were considered unfit for strenuous exercise and attended the classes for observation only, all participated in the practical work. The vigour and excellent sport which characterised the classes testified to an enthusiasm and practical interest which, if carried into the work in the schools, is bound to be reflected in the response and training of the children. The Organisers wish to place on record their appreciation of the friendly and loyal co-operation of all the teachers and their confidence that the opportunity offered by the Education Committee through the organisation of classes has been fully justified.

3.—*Apparatus.*

A further notable step has been the provision of equipment for physical training to each elementary school. The varied types of training involved in the practice of modern physical education necessitate the use of balls, ropes, hoops, &c., for the development of bodily skill and co-ordination and of the educational and normal qualities to be derived from healthy team competitions.

The provision of mats now admits of the inclusion within the programme of those exercises which entail sitting, lying and kneeling on the ground—a particularly valuable type—which previously had to be omitted on account of the dirty ground surface.

Storage of the apparatus is a difficulty which remains to be solved in some schools, but the method of solution will have to depend on the initiative of those concerned in each school.

4.—*Accommodation.*

Whenever possible, lessons are taken in the open air, and in these circumstances the more vigorous tone of modern work is appreciated with pleasure by the children. The majority of schools offer very fair facilities as regards space and playground surface for the physical training lessons, but at some of the more rural schools, conditions are definitely bad. The proper draining and surfacing of all playgrounds is of prime importance, so that a dry, non-slip surface may be available for use as often as possible, since the great majority of schools have no alternative accommodation, except the class-room, in periods of bad weather. In our climate such periods are frequent and lengthy and special attention should be given at such times to the maintenance of the continuity of the training so that its effectiveness may not be lost. Sitting in desks for prolonged periods is conducive to lethargy and fatigue and a short, purposeful physical training lesson can do much to mitigate this condition, the stimulation given to both body and mind ensures that the time and effort spent on it are well repaid. Demonstrations of class-room work have been given and it is hoped that the teachers will develop their powers of adaptability in the solution of this considerable problem.

Although better than omission, the classroom lesson can never be regarded as more than an unsatisfactory improvisation. Mindful of this, it is hoped that as re-organisation proceeds, the setting aside of an empty room or large shed for an adequate indoor lesson may be possible.

It would be desirable, further, if steps could be taken to provide better facilities for washing after lessons, since the children often get dirty hands and much time is involved in the washing of hands of a whole class.

5.—*Clothing.*

It is of the utmost importance that boys and girls should have suitable shoes and clothing for their lessons in physical exercises so that free movement may not be hampered and the teacher may observe the action of the body. With light, loose clothing there is less risk of chill, as after the lesson the ordinary clothes can be resumed to prevent too rapid cooling. In certain schools, due entirely to the tenacity of the teachers in charge, much has been achieved in this respect, even to the extent, in one or two, of a special complete change for physical training.

In the remaining schools, however, the situation is still unsatisfactory and, therefore, in need for constant effort and encouragement from the teacher before this will be remedied. It should be remembered that the provision of light, soft shoes is recognised to be the first requirement and in this respect the teacher's personal example is the most effective factor.

Given the above conditions for the practice of the physical training schemes, of which the teachers have themselves now had a foundational experience, it is hoped, ultimately, to establish a complete and adequate system based on sound technique. It can be said that the teachers, by their own enthusiasm, have developed the proper atmosphere and spirit of the work, but there is still need for a more extensive knowledge of the fundamental principles underlying the exercises used before a really high standard of work can be attained.

PROVISION OF MEALS.

No meals are provided to children in schools by the Education Authority other than milk supplied free to necessitous, undernourished children. The introduction of the Milk Marketing Board's Milk in Schools Scheme has led to a great increase in the number of schools having a milk scheme in force. These now number 60 and the approximate number of children receiving ⅓ of a pint of milk daily is at the time of writing 4538. Before approval as a supplier, the premises and dairying methods of the applicant are inspected by the School Medical Officer, and the milk sampled to ensure that it reaches the " Grade A " standard.

Some schools in the area, however, have found it impossible to get a suitable milk supply in the neighbourhood, the nearest suitable supplier being often too far away, and the number of children being too small to make it worth his while to undertake the work. It is difficult to see what can be done in cases of this sort.

Occasionally there is a complaint by children and parents that the milk is too cold to drink during the winter. This is a complaint with reason and force behind it. In most cases, however, the Head Teachers contrive some method of "taking the chill off" the milk by standing the bottles on radiators, or near a fire, or by standing them in warm water, and there is no reason why this should not be done in cold weather in all cases. Certainly ice cold drinks of milk may do a great deal more harm than good in some cases.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Much might be said on the question of the co-operation of parents in School medical work. Many parents take great interest in medical inspections, attending the actual exminations and being very grateful for advice given. This interest can be fostered by Head-Teachers, and depends too on the personality of the school doctor, and of the dentist in their respective spheres. The child in school is growing and is being moulded both in body and in mind by the influences around him. The control and in some cases the application of these influences is the process of education which cannot be regarded as limited solely to its scholastic aspect. Viewed in this way the period of a child's education may be regarded as one whole in which the work of the teacher, the parent, the doctor and all the other influences which are brought to bear upon his life are each and every one essential to his full development. Neither a well informed mind nor a healthy body can alone, and without respect to the other prepare the child to face life as a normal adult. One almost daily sees in the work of medical inspection cases in which physical invalids are being manufactured by neglect or more often by ignorance and wrong handling. True, the care and nurture of the growing child is an art in which few or any of us excel, but there are glaring faults which it is well to avoid. One is the attitude found occasionally in either the absolutely ignorant type of individual, or in the bluff hearty person who boasts that he never had a day's illness, and who in both cases, either shut their eyes to actual physical defects, or assume in growing children powers with which nature has not seen fit to endow them. In both cases the result from actual disease or overstrain may be disastrous. But the most frequent producer of invalids is the 'nervy' and over fussy parent. Such parents take an exaggerated view of childish ailments and childish difficulties. So anxious are they to protect that they withdraw their children from the ordinary rough and tumble of school life and discuss portentiously at great length, and often before the children themselves, their ailments and abnormalities. It is small wonder that the result is in most cases a neurotic creature, unhealthy in mind and often in body, who will not only never be able to stand up to life but will be a source of anxiety and trouble to those around him or her throughout his or her life. I have no doubt that examples of the same sort of thing in the scholastic sphere will readily occur to those engaged in this work. I have drawn attention to this because I think it ought to be made clear that the successful physical upbringing of children is neither a matter of excessive physical development or exercise, in short a spartan regime, nor is it to be attained by exaggerated fussiness in matters of health. All that is wanted is good commonsense, and co-operation between all those whose duty brings them into contact with the growing child.

On the whole, however, there is willing and intelligent co-operation between the staff of the medical department and the other officials and voluntary bodies, and for the help which is obtained in this way I am very grateful indeed. If one may single out any body in particular one would mention the help obtained from the officers of the National Society for the Prevention of Cruelty to Children in dealing with neglected children.

BLIND AND DEAF CHILDREN.

At the end of 1935 there were 10 blind children and deaf children from the Isle of Ely at the East Anglian School for Blind and Deaf Children at Gorleston. The parents of the children and the children themselves are highly appreciative of the care and training which they receive in these schools.

The work of ascertainment of mentally defective children continues, and most of the cases are known to the Health Department. There is yet, however, no satisfactory method of dealing with these children. Parents are generally most unwilling to allow them to go to a residential special school, but even in the case of those who are willing it is practically impossible to get vacancies. When these do occur the standard required for admission appears to be so high that the average parent in this area would probably be unwilling to agree that the child was a defective at all. In many cases such children in an area such as this can fit in perfectly well in the normal life of the community. The children whom we desire to get away must perforce in most cases remain at home because they are considered not good enough for the special school, and are not bad enough to be notified to the Mental Deficiency Committee.

NURSERY SCHOOLS.

There are no nursery schools in the Isle of Ely.

PARENTS' PAYMENTS.

The arrangements for recovering the cost of treatment from parents are the same in the case of both secondary and elementary school children. An exhaustive enquiry into the circumstances of the family is made by the School Attendance Officer and in the case of tonsils and adenoids, and the provision of spectacles, the contribution to be made by parents is fixed according to a scale adopted by the Education Committee. Eligibility for the supply of free milk in school is also decided according to a scale. Cod liver oil and malt can be given at the discretion of the School Medical Officer without contribution from parents, but all other forms of treatment require consideration by the Education Committee, who fix the amount to be recovered from the parents in each case.

HEALTH EDUCATION.

The work done under the above heading is necessarily limited in an area such as the Isle of Ely.

Leaflets have been prepared regarding dental hygiene and treatment, nasal hygiene and the treatment of enlarged tonsils and adenoids, and as to the principles of adequate dietary. These are sent to the head teachers of the schools of the area just previous to the medical inspections, with a request that copies should be sent with the notice of the inspection to parents in respect of each child to be examined as an entrant or intermediate.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Illegal Employment of children is not unknown in this area but by no means all of the offenders are brought to book. During the year 9 cases were brought before the magistrates, and 7 convictions obtained.

Not all parents appear to realise that the employment of children before they have reached school leaving age is illegal. I had an instance of this when a parent expressed her regret to me that her son was unable to be present at the medical inspection, as owing to the good weather it was essential that he should be at work on the land that day! She appeared to be quite unconscious that she was confessing to an illegality.

SECONDARY SCHOOLS.

The inspections of these schools were carried out in the usual manner during the year. The incidence of defect is as a rule much less than in the elementary schools with the exception of defective vision and minor postural defects. Both are to a large extent explained by the age of those examined. The cases of defective vision for instance have a much larger proportion of cases of myopia or short-sight, this defect frequently making its appearance at about 12 to 14 years of age.

The minor postural and orthopaedic defects appear to some extent because the period covered is a period of rapid growth with limited opportunity for physical culture coupled with longer periods of study than are common at the earlier ages. In some cases the teachers of physical training have taken a great interest in these cases and have lent most valuable aid in the form of special remedial exercise classes in which efforts are made to correct the several defects, with in most cases, excellent results. I consider that remedial exercises should find a place in any scheme of physical training and particularly in the secondary schools, where by age and nature of work, there is an increased liability to the development of defects.

ELEMENTARY SCHOOLS, 1935.

Table I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	1272
Second Age Group	1244
Third Age Group	996
Total	3512

Number of other Routine Inspections :—*Nil.*

B.—Other Inspections.

Number of Special Inspections	64
Number of Re-inspections	3359
Total	3423

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Code Groups :—

Entrants	160
Second Age Group	253
Third Age Group	170
Total	583

Other Routine Inspections :—*Nil.*

Table II.—Return of Defects found in the course of Medical Inspection in 1935.

Conditions.	Entrants			Intermediates			Leavers			For observation only	Referred for treatment	Received treatment	Specials			For observation only	Referred for treatment	Received treatment	Re-examinations			For observation only	Referred for treatment	Received treatment
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total				Boys	Girls	Total				Boys	Girls	Total			
Total Inspected	650	622	1272	641	603	1244	563	433	996	..	..	..	27	37	64	..	..	..	1832	1527	3359			
Clothing..Unsatisfactory	1	2	3	2	..	2	3	..	3	..	8	..	..	..	..	..	..	..	2	2	4	..	4	
Footgear..Unsatisfactory	4	1	5	1	..	1	4	1	5	..	11	..	..	..	..	..	..	..	5	3	8	..	8	
Malnutrition	43	39	82	54	23	77	48	21	69	104	124	..	10	3	13	8	5	..	105	66	171	79	92	
Uncleanliness Head	16	44	60	17	55	72	10	39	49	..	181	..	..	..	..	..	..	..	21	145	166	..	166	
Uncleanliness Body	18	13	31	23	15	38	13	6	19	..	88	..	..	..	..	..	..	..	15	14	29	..	29	
Teeth Sepsis																								
Teeth Five or more decayed ..	243	244	487	155	135	290	41	17	58	..	835	..	2	4	6	..	6	..	466	346	812	..	812	
Teeth Less than five decayed ..	128	137	265	119	114	233	85	47	132	..	22	..	1	..	1	..	..	..	36	27	63	..	11	
Nose and Throat Enlarged Tonsils	180	137	317	131	105	236	42	36	78	555	76	..	..	1	1	..	1	..	298	307	605	463	142	
Nose and Throat Adenoids	4	3	7	1	1	2	..	..	..	4	5	..	..	..	..	..	..	..	3	1	4	1	3	
Nose and Throat Enlarged Tonsils & Adenoids	16	15	31	6	8	14	4	..	4	28	21	..	..	..	..	..	..	..	20	22	42	11	31	
Nose and Throat Other conditions	48	31	79	32	42	71	40	10	50	170	33	..	..	..	..	..	..	..	114	78	192	166	26	
Enlarged Cervical Glands (Non-Tuberc.)..	191	161	352	124	111	238	51	27	78	578	90	..	2	3	5	3	2	..	307	310	617	442	175	
Eye .. Blepharitis	5	4	9	5	12	17	3	6	9	20	15	..	..	1	1	..	1	..	10	4	14	4	10	
Eye .. Conjunctivitis	1	..	1	..	..	..	..	1	1	1	1	..	..	1	1	1	..	..	3	..	3	3		
Eye .. Keratitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1		
Eye .. Corneal Ulcer..																								
Eye .. Corneal Opacities																								
Eye .. Defective Vision	3	4	7	58	39	97	50	29	79	21	162	..	4	2	6	..	6	..	121	141	262	20	242	
Eye .. or Squint	7	17	21	15	8	23	5	3	8	11	44	..	..	..	..	..	..	..	26	22	48	8	40	

EAR.. ..	Defective Hearing	9	6	15	4	6	10	4	5	9	12	22	..	1	..	1	..	1	..	8	10	18	2	16
	Otitis Media	3	1	4	1	1	2	2	1	3	1	8	..	..	..	..	..	..	..	9	4	13	1	12
	Other Ear Diseases	7	4	11	8	4	12	2	1	3	8	18	..	1	..	1	1	..	..	11	5	16	4	12
DEFECTIVE SPEECH		2	..	2	..	..	..	3	..	3	5	..	..	..	..	..	..	..	..	6	3	9	8	1
MENTAL CONDITION		16	6	22	12	10	22	20	11	31	75	..	..	2	..	2	2	..	..	38	20	58	58	
HEART & CIRCULATION	Organic Disease	15	12	27	9	7	16	5	5	10	50	3	..	..	..	..	..	..	..	17	13	30	26	4
	Functional Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	
	Anaemia	2	2	4	3	2	5	1	..	1	2	8	..	..	..	..	..	..	..	5	3	8	1	7
LUNGS ..	Bronchitis	9	10	19	5	5	10	4	1	5	23	11	..	..	..	..	..	..	..	6	1	7	4	3
	Other Non-Tubercular Diseases																							
NERVOUS SYSTEM	Epilepsy	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3	..	3	3	
	Chorea																							
	Other Conditions	..	..	..	3	..	3	..	..	..	3	..	..	..	..	..	..	..	..	..	1	1	1	
TUBERCULOSIS	Pulmonary-																							
	Definite																							
	Suspected	1	1	2	..	..	..	1	..	1	3													
	Non-Pulmonary																							
	Glands	..	..	..	1	..	1																	
	Spine	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1	1	
	Hip	..	..	..	1	..	1	..	..	..	1													
	Other Bones and Joints ..																							
	Skin																							
	Other Forms																							
DEFORMITIES	Rickets..	1	1	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2	2	4	2	2
	Spinal Curvature	..	1	1	..	3	3	..	1	1	2	3	..	..	..	..	..	..	..	..	1	1	1	
	Other Forms	20	13	33	19	20	39	17	8	25	58	39	..	1	..	1	1	..	..	40	41	81	53	28
SKIN ..	Ringworm (head)																							
	Ringworm (body)																							
	Scabies																							
	Impetigo	5	7	12	1	1	2	3	..	3	..	17	..	..	..	..	..	..	..	5	2	7	..	7
	Other Diseases (Non-Tuberc)	8	8	16	6	5	11	5	2	7	14	20	..	1	..	1	1	..	..	9	8	17	6	11
Other Defects or Diseases		8	6	14	4	12	16	6	2	8	26	12	..	5	7	12	7	5	..	11	8	19	6	13
CHEST DEFORMITIES																								

TABLE II.A.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but *not* requiring Treatment.
Skin	(1) Ringworm—Scalp	..	..	..	..
	(2) ,, Body	..	..	..	..
	(3) Scabies	..	..	..	..
	(4) Impetigo	17	..	..	..
	(5) Other Diseases (Non-Tuberculous)	20	14	..	..
	Total (Heads 1 to 5)	37	14	..	..
Eye	(6) Blepharitis	15	20	1	..
	(7) Conjunctivitis	1	1	..	1
	(8) Keratitis	..	..	..	..
	(9) Corneal Opacities	..	..	..	..
	(10) Other Conditions (excluding Defective Vision and Squint ..	..	..	..	..
	Total (Heads 6 to 10)	16	21	1	1
	(11) Defective Vision (excluding Squint)	162	21	6	..
	(12) Squint	44	11	..	..
Ear	(13) Defective Hearing	22	12	1	..
	(14) Otitis Media	8	1	..	..
	(15) Other Ear Diseases	18	8	..	1
Nose and Throat	(16) Chronic Tonsillitis only	76	555	1	..
	(17) Adenoids only	5	4	..	..
	(18) Chronic Tonsillitis and Adenoids	21	28	..	..
	(19) Other Conditions	33	170	..	..
(20) Enlarged Cervical Glands (Non-Tuberculous)		90	578	2	3
(21) Defective Speech		..	5	..	..
Heart and Circulation	Heart Disease:				
	(22) Organic	3	50	..	..
	(23) Functional	..	..	..	..
	(24) Anaemia	8	2	..	..
Lungs	(25) Bronchitis	11	23	..	..
	(26) Other Non-Tuberculous Diseases	..	..	..	..
Tuberculosis	Pulmonary:				
	(27) Definite	..	..	..	..
	(28) Suspected	..	3	..	..
	Non-Pulmonary:				
	(29) Glands	..	1	..	..
	(30) Bones and Joints	..	1	..	..
	(31) Skin	..	..	..	..
	(32) Other Forms	..	..	..	..
	Total (Heads 29 to 32)	..	2	..	..
Nervous System	(33) Epilepsy	..	1	..	..
	(34) Chorea	..	..	..	..
	(35) Other Conditions	..	3	..	..
Deformities	(36) Rickets	2	..	..	..
	(37) Spinal Curvature	3	2	..	..
	(38) Other Forms	39	58	..	1
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases		12	26	5	7
Total ..		610	1598	16	13

TABLE II. B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	1272	76	5·9	925	72·7	262	20·6	9	·7
Second Age Group	1244	134	10·8	869	69·8	233	18·7	8	·6
Third Age Group	996	134	13·5	747	75	112	11·2	3	·3
Other Routine Inspections ..	Nil	..	..	..	..	..	..	..	..
Total ..	3512	344	9·8	2541	72·4	607	17·2	20	·6

TABLE III.—Return of all Exceptional Children in the Area.

Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, Heart Disease			2
BLIND (including partially blind)	(I). Suitable for training in a School for the totally blind	At Certified Schools for the Blind ..	3
		At Public Elementary Schools ..	..
		At other Institutions	..
		At no School or Institution ..	..
		Total	3
	(II). Suitable for training in a School for the partially blind	At Certified Schools for the Blind ..	1
		At Certified Schools for the Partially Blind	..
		At Public Elementary Schools ..	..
		At other Institutions	..
		At no School or Institution ..	..
		Total	1
DEAF (including deaf and dumb and partially deaf)	(I). Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ..	6
		At Public Elementary Schools ..	..
		At other Institutions	..
		At no School or Institution ..	..
		Total	6
	(II). Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf ..	..
		At Certified Schools for the Partially Deaf	..
		At Public Elementary Schools ..	..
		At other Institutions	..
		At no School or Institution ..	..
		Total	..
MENTALLY DEFECTIVE	Feebleminded	At Certified Schools for Mentally Defective Children	1
		At Public Elementary Schools ..	14
		At other Institutions	..
		At no School or Institution ..	7
		Total	22

TABLE III.—Continued.

EPILEPTICS	Suffering from severe epilepsy.	At Certified Special Schools ..	1
		At Public Elementary Schools ..	..
		At other Institutions	..
		At no School or Institution ..	4
		Total	5
PHYSICALLY DEFECTIVE	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Certified Special Schools ..	1
		At Public Elementary Schools ..	13
		At other Institutions	1
		At no School or Institution ..	..
		Total	15
	Non-Pulmonary Tuberculosis (this category includes tuberculosis of all sites other than those shown above)	At Certified Special Schools ..	5
		At Public Elementary Schools ..	23
		At other Institutions	..
		At no School or Institution ..	2
		Total	30
	Delicate children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools ..	3
		At Public Elementary Schools ..	38
		At other Institutions	..
		At no School or Institution ..	..
		Total	41
	Crippled children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Certified Special Schools ..	5
		At Public Elementary Schools ..	47
		At other Institutions	..
		At no School or Institution ..	2
		Total	54

TABLE III.—Continued.

PHYSICALLY DEFECTIVE (contd.)	Children with heart disease *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Special Schools	..	..
		At Public Elementary Schools	..	..
		At other Institutions ..	..	..
		At no School or Institution	..	..
			Total	Nil

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1935.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp (i) X-ray Treatment	..	..	..
(ii) Other ,,	3	..	3
,, —Body	3	..	3
Scabies	3	..	3
Impetigo	202	6	208
Other Skin Diseases	87	1	88
MINOR EYE DEFECTS (external and other, but excluding cases falling in Group II.)	49	3	52
MINOR EAR DEFECTS	38	13	51
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	346	16	362
Total	731	39	770

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to Refraction by private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	324	..	10	334
Other Defect or Disease of the eyes (excluding those recorded in Group I)	..	..	4	4
Total	324	Nil	14	338

Total number of Children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme ...	256
(*b*)	Otherwise	Nil

Total number who obtained or received spectacles :—

(*a*)	Under the Authority's Scheme ...	242
(*b*)	Otherwise	Nil

Group III.—Treatment of Defects of Nose or Throat.

Number of Defects														
Received Operative Treatment													Received other forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hosp'l, apart from the Authority's Scheme				Total						
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)			
25	2	10	..	24	1	3	..	49	3	13	..		10	75

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Total No. treated.
No. of children treated.	5	..	15	..	..	..	20

Group V. Dental Defects.

(1) Number of Children who were:

(*a*) Inspected by the Dentist:

	Aged:		
	5 ... 187		
Routine Age Groups	*6* ... 185		
	7 ... 127		
	8 ... 382		
	9 ... 370	Total ...	3507
	10 ... 339		
	11 ... 303		
	12 ... 322		
	13 ... 343		
	14 ... 49		
Specials			Nil
		Grand Total ...	3507

(2) Found to require treatment ... 3075

(3) Actually treated 1178

(4) Attendances made by children for treatment ... 2591

(5) Half-days devoted to:—

Inspection ...	30	Total ...	426
Treatment ...	396		

(6) Fillings:—

Permanent teeth	799	Total ...	1235
Temporary teeth	436		

(7) Extractions:—

Permanent teeth	507	Total ...	3707
Temporary teeth	3200		

(8) Administrations of general anæsthetics for extractions ... 198

(9) Other operations:—

Permanent teeth	126	Total ...	673
Temporary teeth	547		

Group VI.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses	5
(2)	Total number of examinations of Children in the Schools by School Nurses ...	31,534
(3)	Number of Individual Children found unclean	842
(4)	Number of Children cleansed under the arrangements made by the Local Education Authority	Nil
(5)	Number of cases in which legal proceedings were taken:—	
	(*a*) Under the Education Act, 1921 ...	1
	(*b*) Under School Attendance Byelaws	Nil

SECONDARY SCHOOLS, 1935.

Table I.—Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	298
Routines	636
Total ...	934

Number of other Routine Inspections :—*Nil.*

B.—Other Inspections.

Number of Special Inspections ...	Nil
Number of Re-inspections	35
Total ...	35

Table II.A.—Return of Defects found in the course of Medical Inspection in 1935.

Conditions.		Entrants			Routines			For observation only	Referred for treatment	Received treatment	Re-examinations			For observation only	Referred for treatment	Received treatment
		Boys	Girls	Total	Boys	Girls	Total				Boys	Girls	Total			
Total Inspected		170	128	298	242	394	636	..	..	..	6	29	35			
Clothing..	Unsatisfactory															
Footgear..	Unsatisfactory															
Malnutrition		7	1	8	8	10	18	8	18	..	..	1	1	1		
Uncleanliness	Head															
	Body															
Teeth	Sepsis															
	Five or more decayed	19	3	22	17	14	31	..	53	..	2	1	3	..	3	
	Less than five decayed	26	36	62	33	86	119	..	137	..	1	3	4	..	4	
Nose and Throat	Enlarged Tonsils	11	7	18	24	24	48	58	8	..	..	1	1	..	1	
	Adenoids	..	1	1	..	..	..	..	1							
	Enlarged Tonsils & Adenoids															
	Other conditions	14	6	20	6	7	13	27	6							
Enlarged Cervical Glands (Non-Tuberc.)		19	3	22	11	14	25	42	5	..	..	1	1	..	1	
Eye	Blepharitis	1	..	1	1	..	1	..	2							
	Conjunctivitis															
	Keratitis															
	Corneal Ulcer															
	Corneal Opacities															
	Defective Vision	19	12	31	26	35	61	8	84	..	.	2	2	1	1	
	or Squint	2	1	3	1	4	5	5	3							

Ear.. ..	Defective Hearing														
	Otitis Media	1	..	1	..	3	3	2	2	..	..	1	1	1	
	Other Ear Diseases	..	1	1	1	1	2	2	1						
Defective Speech		1	..	1	2	..	2	3							
Mental Condition															
Heart & Circulation	Organic Disease	..	3	3	3	11	14	16	1						
	Functional Disease	1	..	1	..	3	3	4							
	Anaemia	..	..	..	..	5	5	..	5						
Lungs ..	Bronchitis	2	1	3	..	3	3	6							
	Other Non-Tubercular Diseases														
Nervous System	Epilepsy														
	Chorea														
	Other Conditions														
Tuberculosis	Pulmonary—														
	Definite														
	Suspected														
	Non-Pulmonary—														
	Glands														
	Spine														
	Hip														
	Other Bones and Joints ..														
	Skin														
	Other Forms														
Deformities	Rickets..														
	Spinal Curvature	2	2	4	1	11	12	..	16						
	Other Forms	9	16	25	13	60	73	11	87	..	1	2	3	..	3
Skin ..	Ringworm (head)														
	Ringworm (body)														
	Scabies														
	Impetigo														
	Other Diseases (Non-Tuberc)	2	2	4	2	7	9	8	5						
Other Defects or Diseases		1	2	3	4	4	8	9	2	..	..	2	2	2	
Chest Deformities															

Table II.B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group	Number of Children		Percentage of Children found to require treatment
	Inspected	Found to require treatment	
Code Groups :—			
Entrants	298	66	22·14
Routines	636	134	21·06
Total (Code Groups)	934	200	21·41
Other routine inspections ..	Nil	Nil	Nil

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1935.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
SKIN			
Ringworm—Scalp	..	..	..
,, Body	..	..	..
Scabies	..	..	..
Impetigo	..	..	..
Other Skin Disease	..	3	3
MINOR EYE DEFECTS (external and other but excluding cases falling in Group II.)	..	..	..
MINOR EAR DEFECTS	..	2	2
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	..	..	..
Total ..	..	5	5

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease	Number of Cases dealt with			
	Under the Authority's Scheme	Submitted to Refraction by private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	55	13	..	68
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	..	1	..	1
Total	55	14	Nil	69

Total number of Children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme ...	55
(*b*)	Otherwise	13

Total number who obtained or received spectacles :—

(*a*)	Under the Authority's Scheme ...	55
(*b*)	Otherwise	13

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT.

Number of Defects				
Received Operative Treatment				
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total	Received other forms of Treatment	Total Number Treated
Nil	6	6	3	9